MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/522225

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER (1st AMENDMENT)		AFTER (2nd AMENDMENT)			AS FILED		AFTER (1st AMENDMENT)		AFTER (2nd AMENDMENT)	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2		1					52						
3			1				53						
4			1				54						
5			1				55						
6							56						
7	1						57						
8		1					58						
9							59						
10		1					60						
11		1					61						
12	1			1			62						
13		1			1		63						
14		1			1		64						
15		1			1		65						
16		1			1		66						
17		1					67						
18	1		1				68						
19		1		1			69						
20				1			70						
21							71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2	⇩	2	⇩		⇩	TOTAL IND.		⇩		⇩		⇩
TOTAL DEP.	7	⇦	7	⇦		⇦	TOTAL DEP.		⇦		⇦		⇦
TOTAL CLAIMS	9		9				TOTAL CLAIMS						

PTO-1360